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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|------------------------|-----------------------|------------------------|
| 09/548,235 | 04/12/2000 | Thomas Mark Levergood | 1984.1001-004 |

CONFIRMATION NO. 6069

OC000000016414276

OC000000016414276

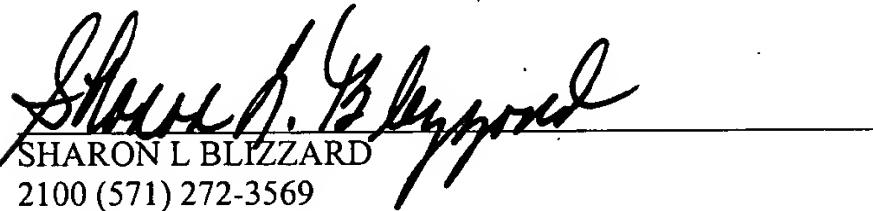
24573
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Date Mailed: 06/30/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/13/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).


 SHARON L BLIZZARD

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| 09/548,235 | 04/12/2000 | Thomas Mark Levergood | 1984.1001-004 |

CONFIRMATION NO. 6069

OC000000016414316

OC000000016414316

24325
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Date Mailed: 06/30/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/13/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

Sharon L. Blizzard
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JRL2145

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|--------------------|
| Application Number | 09/548,235 |
| Filing Date | 4/12/2000 |
| First Named Inventor | Levergood et al. |
| Art Unit | 2145 |
| Examiner Name | Winder, Patrice L. |
| Attorney Docket Number | 432383-600 |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 24325

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

OR

| | | | | | |
|--|-------------------------------------|-------|------------------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | David B. Cochran, Esq. Jones Day | | | | |
| Address | North Point 901 Lakeside Avenue | | | | |
| City | Cleveland | State | Ohio | Zip | 44114 |
| Country | US | | | | |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|-------------------|-----------|--------------|
| Signature | | | |
| Name | Katharine Wolanyk | | |
| Date | 26 MAY 2005 | Telephone | 312.258.8101 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Commissioner of Patents and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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on June 9, 2005

By: Jeanne Tietra